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number (5)	Application Number	10/716,000
TRANSMITTAL	Filing Date	November 18, 2003
FORM	First Named Inventor	Julio Burkhard Seeger Stein
(to be used for all correspondence after initial filing)	Art Unit	1762
	Examiner Name	KirstenJolley
Total Number of Pages in This Submission	Attorney Docket Number	4369-032092

ENCLOSURES (Check all that apply)				
<ul> <li>☑ Fee Transmittal Form</li> <li>☑ Fee Attached</li> <li>☑ Amendment</li> <li>☐ After Final</li> <li>☐ Affidavits/declaration(s)</li> <li>☑ Extension of Time Request</li> <li>☐ Express Abandonment Request</li> <li>☐ PTO-1449</li> <li>☐ Certified Copy of Priority Documents</li> <li>☐ Response to Missing Parts/ Incomplete Application</li> </ul>	□ Drawing(s) □ Licensing-related Papers □ Petition □ Petition to Convert to a Provisional Application □ Power of Attorney, Revocation Change of Correspondence Address □ Terminal Disclaimer □ Request for Refund □ CD, Number of CD(s)	□ After Allowance communication to Technology Center (TC) □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter 図 Other Enclosure(s) (please identify below) executed Declaration Under 37 C.F.R. §1.131; Exhibit A with English Translation; return receipt postcard; and check for \$120.00 (extension of time fee).		
Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or Individual name Signature  Date  January 18, 2005				

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Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known nt to the Consolidated Appropriations Act, 2005 (H.R. 4818) 10/716,000 Application Number FEE TRANSMITTAL November 18, 2003 Filing Date **For FY 2005** First Named Inventor Julio Burkhard Seeger Stein Kirsten Jolley Examiner Name Applicant claims small entity status. See 37 CFR 1.27 1762 Art Unit 4369-032092 TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): X Check Credit Card Deposit Account Name Deposit Account Deposit Account Number: Х 23-0650 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES **Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 500 250 200 100 Utility 150 200 100 100 50 130 Design 200 300 160 80 Plant 100 150 Reissue 300 150 500 250 600 300 200 100 0 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 180 Multiple dependent claims Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Total Sheets** Extra Sheets - 100 = (round up to a whole number) 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$120.00 Other: Petition for One-Month Extension of Time fee

SUBMITTED BY Registration No. Signature 28.498 Telephone 412-471-8815 Name (Print/Type) Richard L. Byrne Date January 18, 2005

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